State of Alabama Unified Judicial System	EXPENSE CLAIM				AOC USE ONLY
FORM - FIS - 45 Rev.12/07	FOR SERVICES				PAYROLL NUMBER
Name of Administrator		Title of Administrator	County	Circuit	
Tune of rammiscator		Title of Administrator	County	Circuit	STATE W/H
I hereby request compensation from the Fiscal Officer, Administrative Office of Courts, for services					
rendered as follows:					FEDERAL W/H
☐ Special Court Reporter ☐ On-Call Warrant Clerk					
☐ Part-time Referee	☐ Other (specify)				DATE APPROVED
* NOTE: Expense Claims for Services by Temporary Aides should be submitted on Form PERS-39.					
MUST ENTER REFERENCE NUMBER AND DATE OF ADC APPROVAL, AUTHORITY					APPROVED BY
(Failure 40 automoforus a sumb as vill dalay the processing of the company claim for comices)					
(Failure to enter reference number will delay the processing of the expense claim for services) FEES AND EXPENSES					
Fees for days at \$ per day if paid at daily rate					
Per diem for overnight travel expenses days at \$ per day\$					
* Mileage miles at \$ per mile\$					
TOTAL EXPENSES CLAIMED\$					
* Mileage is paid based on state mileage chart/map.					
Actual Dates Worked:					
Month		_ Date			
Month		_ Date			
MOHH		_ Date			
Make Warrant Payable To:					
Name:					
SSN: Address:					
Address:					
CERTIFICATION:					
I hereby certify that the above is a true and correct statement of compensation due for the period of					
through, and is in accordance with applicable legal statutes.					
		SIGNATU	RE OF ADMINISTRATOR	D	DATE
RETURN TO:					
FINANCE DIVISION ADMINISTRATIVE OFFICE OF COURTS					
ADMINISTRATIVE OFFICE OF COURTS 300 DEXTER AVENUE					
MONTGOMERY, AL 36	6104				